

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

Adhyan Dhingra<sup>1\*</sup>

### ABSTRACT

Older people often require professional support from caregivers due to health or family issues further increasing their dependency on others. Professional caregivers also experience burdens of different kinds. The present study aims to understand the quality of life of professional caregivers in older care homes. A mixed-method approach was followed wherein a survey was conducted from 36 caregivers and interviews were conducted from 5 caregivers to understand their motivations, challenges of working in an older care home. The survey consisted of demographic questions and items from Nurse Burden Scale by Sili et. al (2022). It was found that gender and work experience did not play a role in the quality of life of the caregivers as working at elderly care centers did not disturb their daily life and had no effect on them. The findings can be useful for organisations and centers to look after the well-being of professional caregivers to care for older people.

**Keywords:** *Quality of life, Older People, Professional Caregivers and Burden*

There is a globally noticeable demographic shift due to longer life expectancy and shifting disease diagnoses. This is due to the large geriatric population. As a person ages, they experience a number of health challenges. These challenges include physical like decreased motor and physiological functions and chronic diseases (Lekan et al., 2021; Saini et al., 2025). The population increase of individuals living above the age of 65, universally, the need to provide care to older people by caregivers (including children, spouses, and partners) is also expected to increase (Pickard, 2025; Saini et al., 2025). Hence, caring delicately for the health issues of an older patient demands patience, expertise, and a deep understanding of individual needs, often growing dependency of older people on requiring end-to-end care and professional service (Kaur et al., 2015; Saini et al., 2025).

Caregivers play a crucial role in the well-being of older people, however, their efforts are often undermined. They face physical, mental, and emotional exhaustion from caring, often without adequate support or resources (Cooper et al., 2008; Bevans & Sternberg, 2012; Saini et al., 2025). This leads to enervation, frustration, separation and susceptibility. Moreover, they must also manage responsibilities among monetary concerns, social isolation, and cultural stigma around caring for the elderly (Saini et al., 2025). The financial burden is considerable, as caregivers may reduce work hours or leave jobs or need to find alternative

<sup>1</sup>St. Mary's Junior College, Pune, Maharashtra

\*Corresponding Author

Received: August 10, 2025; Revision Received: August 23, 2025; Accepted: August 27, 2025

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

income sources for the cost of medical expenses, home needs, and specialised services which drain the household finances (Brinda et al., 2014; Saini et al., 2025).

The emotional burden is exponential, with caregivers experiencing grief, sadness, and anticipatory loss as they witness the decline of patients' health and accountability (Saini et al., 2025). Despite their desire to provide care, caregivers may struggle with feelings of inefficacy and insecurity regarding their actions resulting in questioning their ability to provide appropriate quality of comfort and support for their loved one (Saini et al., 2025). The emotional strain is further brought by the lack of formal support systems, especially in developing countries. Informal caregivers bear the entire burden without any monetary aid from the State (Sorayyanezhad et al., 2022; Søvde et al., 2024; Saini et al., 2025).

Professional quality of life is defined as the feelings of either positivity or negativity in relation to their work of helping others experience suffering, or trauma (Inocian et al., 2021). It consists of two main components: Compassion satisfaction (CS) and compassion fatigue (CF) (Stamm, 2010; Inocian et al., 2021). CF can be further categorised into two parts: Burnout (BO), that includes fatigue, exhaustion, anger, or depression, and secondary traumatic stress (STS), which is a negative feeling fueled by fear and work-related concerns (Stamm, 2010; Inocian et al., 2021). CF in nursing was first given by Joinson (1992) referring to the continuous stress and negative emotions like anger, feebleness often associated with nursing personnel along with patient care (Inocian et al., 2021). Few empirical studies have tried to understand compassion among nurses in the clinical setting (Coetzee and Klopper, 2010; Van der Cingle., 2014; Sinclair et al., 2017; Inocian et al., 2021). Compassionate nurses provide humanistic care aimed at addressing the unique needs of patients with certain medical conditions (Sinclair et al., 2017; Inocian et al., 2021).

There is currently no universal classification of Diseases 9 (ICD 9) or ICD-10 for caregiver burden (Pinquart & Sorenson, 2006; Saini et al., 2025; Menon et al., 2022) due to there being no international code that is not identified separately. Zarit et al. (1986) defined caregiver burden as *“the extent to which caregivers perceive that caregiving has had an adverse effect on their emotional, social, financial, physical, and spiritual functioning.”* Caregiving is specialised and highly individualistic. The threshold for burden may vary from worker-to-worker and the care settings (Pinquart & Sorenson, 2006; Saini et al., 2025; Menon et al., 2022).

The number of studies that examined quality of life in professional caregivers is few. To be noted, clinic nurses reported the highest quality of life in social relationships, and the physical domain was rated poorest (Cruz et al., 2018). A cross-sectional study of hospital nurses revealed moderate overall quality of nursing work life with major correlation with factors such as non-Saudi citizenship, higher age, more work experience, married status and full time employment, with special units contributing to higher scores (Alharbi et al., 2019). While, in a study in India, 57% of 1163 caregivers provided care for the elderly with psychiatric disorders, physical diseases, cognitive disorders, or combination of these (S et al., 1999). Caregivers are often under mental strain that can have psychological and behavioral effects which leads to a weakened immune system, coronary heart disease, and sometimes early death. This identifies that caregiver burden is important (Reinhard et al., 2019; Tripathi et al., 2020; Gouin et al., 2008)

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

There is limited literature focusing on the quality of life of professional caregivers working in geriatric care homes. Thus, this study aims to understand the quality of life of professional caregivers working in geriatric centres in India. The result of the study can help inform health professionals in formulating interventions to ensure the highest level of well-being for professional caregivers and nurses working in geriatric care homes.

### **METHODOLOGY**

The aim of the present study is to understand the quality of life and understanding caregiver burden among nurses working in geriatric care homes in India. By examining key physical, emotional, social and working factors, the paper aims to understand the overall wellbeing and burden levels of nurses in an older people's care home.

- **Sample**

The sample comprises caregivers from Pune (77%), Lucknow (13.9%), Mumbai (5.6%) and Delhi (2.8%). At the time, all the participants were professional caregivers at elderly centers in their respective cities. Accordingly, convenience sampling was used to obtain a sample of 36 caregivers across cities.

**Table 1: Demographics of the sample(N=36)**

<b>Age</b>		
<i>20-30</i>	6	16.7%
<i>31-40</i>	4	11.1%
<i>41-50</i>	6	16.7%
<i>51-60</i>	8	22.2%
<i>More than 60</i>	12	33.3%
<b>Gender</b>		
<i>Female</i>	18	50%
<i>Male</i>	18	50%
<b>Location</b>		
<i>Pune</i>	28	77.8%
<i>Lucknow</i>	5	13.9%
<i>Delhi</i>	1	2.8%
<i>Mumbai</i>	2	5.6%
<b>Work experience</b>		
<i>Less than 10 years</i>	18	50%
<i>More than 10 years</i>	18	50%
<b>Education</b>		
<i>High School Diploma</i>	2	5.6%
<i>Bachelor's Degree</i>	11	30.6%
<i>Master's Degree</i>	23	63.9%
<b>Shift</b>		
<i>Day</i>	29	80.6%
<i>Night</i>	0	0%
<i>Rotating</i>	5	13.9%
<i>24 Hour</i>	2	5.5%

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

### *Scales and tools used*

The data was collected through surveys and interviewing caretakers at the geriatric care.

- **Survey:** The initial section of the survey includes demographics like age, gender, years of work experience, educational attainment and so on. The **Nurse Burden Scale** by *Sili et. al (2022)*, was used to measure the quality of life of caretakers and nurses. It consists of twenty-five items measured on a likert scale of 1-4 wherein, (1) being the lowest, and (4) being the highest. The scale measures 4 different dimensions: **Physical (8 items), Emotional (8 items), Social (6 items), and Working (6 items)**. The scale provides four scores for sub-domains and a total score for the overall quality of life.
- **Interview:** The interview schedule consisted of topics about their daily routine, emotional well-being, feelings at work and challenges faced to understand if they experienced any burden by working at geriatric care home. Some of the questions are “*How did you come across this job?*”, “*What motivates you to work here?*”, “*How do you usually feel when your day here finishes?*”

### *Data collection*

Data collection for this study was done through a google form that was shared with participants and they filled at a time and location of their convenience. The form was sent to the manager at the care home, who circulated the form among all the entire staff working at the care home. The form was translated into Hindi and was checked by a professional who is well-versed in the language.

In the second phase of the study, the interviews were scheduled three to five days prior to the interview date, by reaching out to the manager again for permission to interview a few caretakers to participate. After receiving an approval, a total of six interviews were carried out at two different locations. The first two interviews were conducted at the geriatric care home itself, while the latter four were conducted at a mental health care centre for older people. Written consent was taken by participants regarding the recording and nature of the interview. Rapport was formed with the participants and they were made feel at ease while being on-camera. Once the interview was over, a debriefing was done, and participants were thanked for being part of the study.

### *Ethical considerations and informed consent*

Prior to the data collection, informed consent was taken by participants with clarity given on the research objectives and their rights. It was ensured that the information provided by them will be kept confidential and their identity will not be revealed to a third party. Furthermore, consent included the aspect of how there is no potential risk of responding to the survey as well as interview, along with the fact that they can terminate their participation at any point of the study if they feel discomfort at any given point. All queries were answered to make the participants as comfortable as possible. Collected data was securely stored. Hence, the study adhered to strict ethical standards, prioritising the well-being of the caretakers at the geriatric care home.

### **Data Analysis Strategy**

The software ‘XLMiner Analysis ToolPak’ was used to run t-tests. The independent variables gender and work experience and dependent variable, quality of life were divided into metric variables and nominal variables, and the p-value for the relationships between different variables was found.

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

Phenomenological Approach: Analysis of the responses from caregivers was carried out to understand the broader burden and quality of life caregivers had while working. The analysis of interviews was combined with survey forms. This deepened analysis by allowing for a more nuanced understanding of how the different variables impact one another.

### RESULTS AND DISCUSSION

Table 2 depicts no significant difference in physical sub-scale among males (M=18.67 and SD= 8.22) and females (M=20.17 and SD= 5.83) given  $t(36) = -0.63$  given  $p > 0.05$ ; Social sub-scale males (M=13.89 and SD= 5.80) and females (M=11.62 and SD= 3.71) given  $t(36) = 1.40$  and  $p > 0.05$ ; Working sub-scale males (M=11.84 and SD= 3.71) and females (M=11.84 and SD= 5) given  $t(36) = 0$  and  $p > 0.05$ ; Emotional Quality of Life of males (M=18.62 and SD= 8.63) and females (M= 21.17 and SD= 5.48) given  $t(36) = -1.06$  and  $p > 0.05$ ; total quality of life of males (M= 15.18 and SD= 6.71) and females (M=17.28 and SD= 4.53) given  $t(36) = -1.10$  and  $p > 0.05$ . This shows that gender does not play a role in Quality of Life of caregivers at older people care homes.

**Table 2: Independent t-test analysis of sub-scales (Physical, Social, Working, Emotional) and total quality of life score based on gender (N=36)**

Variable	Categories	N	Mean	SD	t	p value
Physical	Male	18	18.67	8.22	-0.63	0.53
	Female	18	20.17	5.83		
Social	Male	18	13.89	5.80	1.40	0.17
	Female	18	11.62	3.71		
Working	Male	18	11.84	5	0	1.0
	Female	18	11.84	3.93		
Emotional	Male	18	18.62	8.63	-1.06	0.30
	Female	18	21.17	5.48		
Total Quality of Life Score	Male	18	15.18	6.71	-1.10	0.28
	Female	18	17.28	4.53		

Table 3 shows that there is no significant difference in the physical sub-scales for Less than 10 Years (M=17.82 and SD= 7.01) and More than 10 years (M=20.84 and SD= 6.99) given  $t(36) = -1.29$  and  $p > 0.05$ ; Social sub-scale for Less than 10 Years (M=12.41 and SD= 5.39) and More than 10 Years (M=13.05 and SD= 4.64) given  $t(36) = -0.38$  and  $p > 0.05$ ; Working Sub-scale in Less than 10 Years (M= 12.18 and SD= 5.14) and More than 10 Years (M= 13.47 and SD= 4.01) given  $t(36) = -0.85$  and  $p > 0.05$ ; Emotional Sub-scale in Less than 10 Years (M= 19 and SD= 7.59) and More than 10 years (M= 20.68 and SD= 7.03) given  $t(36) = -0.69$  and  $p > 0.05$ ; Total sub-scale of Less than 10 Years (M= 15.35 and SD= 6.04) and More than 10 Years (M= 17.01 and SD= 5.49) given  $t(36) = -0.86$  and  $p > 0.05$ . This

**Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India**

shows that Work Experience does not play a role in Quality of Life of caregivers at older people care homes.

**Table 3: Independent t-test analysis of sub-scales (Physical, Social, Working, Emotional) and total quality of life score based on work experience (N=36)**

Variable	Categories	N	Mean	SD	t	p value
Physical	Less than 10 years	18	17.82	7.01	-1.29	0.20
	More than 10 years	18	20.84	6.99		
Social	Less than 10 years	18	12.41	5.39	-0.38	0.35
	More than 10 years	18	13.05	4.64		
Working	Less than 10 years	18	12.18	5.14	-0.85	0.40
	More than 10 years	18	13.47	4.01		
Emotional	Less than 10 years	18	19	7.59	-0.69	0.49
	More than 10 years	18	20.68	7.03		
Total Quality of Life Score	Less than 10 years	18	15.35	6.04	-0.86	0.39
	More than 10 years	18	17.01	5.49		

**Table 4: Themes derived from interview responses of caregivers**

Themes	Summary
Embedded Learning and Efforts in a Caregiver Role	The learnings that caregivers have got while caring for older people
Job Satisfaction	The satisfaction of working and caring for older people that caregivers get
Motivation of Working at an Older Care home	Personal or professional reasons why caregivers have taken up this job
Daily Routine of a Professional Caregiver	Activities and daily schedule of caregivers at the centre
Challenges Faced by a Caregiver	Challenges faced by caregivers while caring for older people
Recreational Activities	Activities done by caregivers post-shift to relax

- **Embedded Learning and Efforts in a Caregiver Role**

This theme explores what caregivers have learnt about working with older people and life lessons they have learned while working in an older care home. They have learned stories from patients and their lived experiences. It includes the physical and emotional strain older people go through and explores how to support and help older people through these concerns. A response from a caregiver says “*I think, at the end, at a certain age we all need*

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

*some help. And when we enter here in this field, we learn other certain things about life, which we learn from here through experience.”*

- **Job Satisfaction**

The theme explores the satisfaction caregivers feel while working at the older care center. It explores how satisfied they are while working there and how different factors have not hampered their daily life or made them feel any burden. A response from a caregiver says, *“It feels good, because the people here are nice and I have worked here for so long, so this place feels like home.”*

- **Motivation of Working at an Older Care Home**

This theme explores why caregivers have entered their current role and why they choose to work at the elderly care center. It reflects on personal as well as professional reasons caregivers have expressed as their motivation to join this field. Personal reasons have indicated past experiences with grandparents or family members who had certain conditions or family circumstances. Professional reasons have indicated their field of education as a primary reason for joining. A response from a caregiver says *“It was a personal motivation. Because one of my family members has bipolar disorder. To see and observe how he suffered, in the different phases like anger and sadness or how he reacts when he is not comfortable. I wanted to explore, because of that, how these people think in different situations.”*

- **Daily routine of a professional caregiver**

This theme explores the activities done by the different professionals working at the elderly care center. The activities include morning discussions, cultural practices like prayers, dining and counselling sessions. It was recorded to understand whether these activities had any burdening effect on caregivers. A response from a caregiver says *“So 6:40 in the morning is wake-up time. Then, we come by 7, and we start waking up the patients and we start the daily activities. We have breakfast at 8:30 and the group activities start at 10. Then onwards, with yoga and the other activities. They have lunch at 12:30 and there is recreation at 3. And then we have tea in the evening and by 5:30 the shift ends.”*

- **Challenges faced by caregivers**

This theme explores the challenges faced by caregivers on the job while working with older people. It includes emotional, physical, medical or miscellaneous problems at the center. While caregivers note that it is very occasional that patient related challenges occur, it is possible. A caregiver’s response says *“The fact that they’re psychiatric patients. It gets very difficult at times to talk to them because at times they may not understand what I am saying. They may get extremely violent at times, so it gets more difficult to talk to them”*.

- **Recreational Activities**

This theme explores activities done by caregivers after their work shift. It includes their routine to relax off the job. It includes talking to their family, going for a walk or playing sports like cricket. It is usually an interaction amongst themselves before preparing for the next day. A caregiver notes: *“So, sometimes, we go and talk to them for a while. And then, we need some time for ourselves so we go out for a little while, relax and come back and then we need to start preparing for the next day”*.

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

The findings suggest that the quality of life of caregivers is not hampered by working at elderly care centers. Gender has no influence on the quality of life of caregivers. It was found that caregivers are content while working at older people's care homes. Similar findings are found in a study by Sousa et al. (2024). The study states that caregivers have a good quality of life and high level of job satisfaction with intrinsic aspects of their work being fulfilling. A positive relation was also found between job satisfaction and quality of life among professional caregivers. These findings support findings of the current study that depicts the quality of life of caregivers is not hampered by their work at the older care home. Present study is beneficial to a wide range of people and organisations. Care homes can refer to the findings to create support systems for caregivers and their well-being. Future studies can build on to explore quality of life among different care homes and whether factors like education, income, type of old care home impacts the life of professional caregivers.

This study has several limitations i.e. the sample size was small, with only 36 caregivers participating, and just 5 in-depth interviews conducted, and all from a single care center. Most responses were concentrated in the Pune region, with minimal responses from other cities. Additionally, participants may have provided socially desirable responses, particularly regarding job satisfaction and well-being.

### CONCLUSION

The study understands the quality of life and caregiver burden among professional caregivers working in geriatric care homes in Pune, Maharashtra by examining physical, emotional, social and working factors. The present study finds that the quality of life of caregivers at elderly care centers is not hampered by working at the centers and indicates minimal burden levels. The study will be beneficial for different care homes to formulate strategies focusing on the wellbeing of caregivers. Future studies can build on by including larger and more diverse samples, and comparing formal with informal caregivers while exploring multiple subjects like caregiver experiences and mental health support systems.

### REFERENCES

- Bevans, M., & Sternberg, E. M. (2012, January 25). Caregiving Burden, Stress, and Health Effects Among Family Caregivers of Adult Cancer Patients. *Jama*, 307(4). 10.1001
- Brinda, E. M., Rajkumar, A. P., Enemark, U., Atterman, J., & Jacob, K. (2014, May 7). Cost and burden of informal caregiving of dependent older people in a rural Indian community. *Springer Nature Link*, 14. <https://doi.org/10.1186/1472-6963-14-207>
- Cooper, C., Katona, C., Orrel, M., & Livingston, G. (2008, September). Coping strategies, anxiety and depression in caregivers of people with Alzheimer's disease. *International Journal of Geriatric Psychiatry*, 23(9), 929-936. <https://doi.org/10.1002/gps.2007>
- Gouin, J.-P., Hantsoo, L., & Kiecolt-Glaser, J. K. (2008, November 26). Immune dysregulation and chronic stress among older adults: a review. *Neuroimmunomodulation*, 15, 25-259. <https://doi.org/10.1159/000156468>
- Inocian, E. P., Cruz, J. P., Alshehry, A. S., Alshamlani, Y., Ignacio, E. H., & Tumala, R. B. (2021, July 6). Professional quality of life and caring behaviours among clinical nurses during the COVID-19 pandemic. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.15937>
- Kaur, S., Gill, A., Sharma, U., & Singh, A. (2015, March). Quality Care Audit of Old Age Homes in a North Indian City. (*Journal of The Indian Academy of Geriatrics*, 11(1). [https://d1wqtxts1xzle7.cloudfront.net/40164466/geriatrics3-9\\_Sukhpal\\_Kaur-libre.pdf?1447914985=&response-content-disposition=inline%3B+filename%3DQuality\\_C](https://d1wqtxts1xzle7.cloudfront.net/40164466/geriatrics3-9_Sukhpal_Kaur-libre.pdf?1447914985=&response-content-disposition=inline%3B+filename%3DQuality_C)

## Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India

- are\_Audit\_of\_Old\_Age\_Homes\_in\_a.pdf&Expires=1749968751&Signature=L2btY5Y4TEFSUExo7Tj~IVM2opxE33m5k-y
- Lekan, D. A., Collins., S. K., & Hayajneh, A. A. (2021, June 02). Definitions of Frailty in Qualitative Research: A Qualitative Systematic Review (H. J. Coelho-Junior, Ed.). *Journal of Aging Research*, 1-20. <https://doi.org/10.1155/2021/6285058>
- Menon, N., Patil, V. M., Ramaswamy, A., Gattani, S., Castelino, R., Dhekale, R., Gota, V., Sekar, A., Deodhar, J., Mahajan, S. G., Daptardar, A., Prabhash, K., Banavali, S. D., Badwe, R. A., & Noronha, V. (2022, September). Caregiver burden in older Indian patients with cancer- Experience from a tertiary care center. *Journal of Geriatric Oncology*, 13(7), 970-977. <https://doi.org/10.1016/j.jgo.2022.05.008>
- Pickard, L. (2025, January). A growing care gap? The supply of unpaid care for older people by their adult children in England to 2032. *Ageing and Society*, 35(1). <https://doi.org/10.1017/S0144686X13000512>
- Pinquart, M., & Sorenson, S. (2006, December). Helping caregivers of persons with dementia: which interventions work and how large are their effects? *International Psychogeriatrics*, 18(4), 577-595. <https://doi.org/10.1017/S1041610206003462>
- Reinhard, S. C., Young, H. M., Levine, C., Kelly, K., Choula, R. B., & Accius, J. C. (2019, April). Home Alone Revisited: Family Family Caregivers Providing Complex Care. *Founders of the Home Alone Alliance*. <https://doi.org/10.26419/ppi.00086.001>
- S, A. P., C, L., & M, M. M. (1999, March-April). The economic value of informal caregiving. *Health Aff (Wood)*, 18(2), 182-188. <https://doi.org/10.1377/hlthaff.18.2.182>
- Saini, R., Mittal, V., Chaudhary, A., Simar, P., Gopera, S., Kapoor, V., & Kaur, S. (2025, January 15). Challenges faced by the caregivers of the elderly: a cross-sectional survey from India. *Psychogeriatrics: The Official Journal of the Japanese Psychogeriatric Society*, 25(e13245). <https://doi.org/10.1111/psyg.13245>
- Sorayyanezhad, A., Nikpeyma, N., Nazari, S., Sharifi, F., & Sarkhani, N. (2022, July 11). The relationship of caregiver strain with resilience and hardiness in family caregivers of older adults with chronic disease: a cross-sectional study. *Springer Nature Link*, 21. <https://doi.org/10.1186/s12912-022-00966-3>
- Sousa, M., Martins, H., Costa, A. R., & Silva, A. A. (2024, December 3). The Impact of Job Satisfaction on the Quality of Life of Formal Caregivers of the Elderly (M. Z. Younis, Ed.). *MDPI- Healthcare*, 12(23). <https://doi.org/10.3390/healthcare12232432>
- Søvde, B. E., Sandwell, A. M., Natvik, E., & Drageset, J. (2024, January). Caregiving for frail home-dwelling older people: A qualitative study of family caregivers' experiences. *International Journal of Older People Nursing*, 19(1). <https://doi.org/10.1111/opn.12586>
- Tripathi, R. K., Tripathi, S. M., Pandey, N. M., Singh, B., & Tiwari, S. C. (2020, June 29). Problems and strain of caregivers of urban older adults: An exploration. *Journal of Geriatric Mental Health*, 7(1). 10.4103/jgmh.jgmh\_38\_19

### **Acknowledgment**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Dhingra, A. (2025). Examining Quality of Life and Caregiver Burden among Professional Caregivers in Geriatric Care Homes in India. *International Journal of Indian Psychology*, 13(3), 2549-2557. DIP:18.01.234.20251303, DOI:10.25215/1303.234